

CERTIFICATION OF EMPLOYEES

I, _____, DBA _____

(Name – Please Print or Type)

hereby certify (check one)

☐

that the employees listed below were under my direct employment in the trade of plumbing during 2016.

☐

that during 2016 and at present I have no employees in the trade of plumbing.

Date: _____

Signature of License Holder

Sworn to before me this _____ day of _____, 20_____.

Notary Public

Applicant: Complete the following information if applicable. Print legibly or type.

Name and Address of Employee	Position*	Date(s) Employed During 2015	Worked in City of Auburn? Y N

*M=Master J=Journeyman A=Apprentice

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